



MaineCare

Value Based Purchasing HIT Steering Committee

November 10, 2011

Agenda

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- Overview of Value Based Purchasing Strategy
- Description and Discussion of Strategy Components
 1. Emergency Department Collaborative Care Management Initiative
 2. Accountable Communities Program
 3. Leveraging of current initiatives and federal opportunities
 - Health Homes
 - Primary Care Provider (PCP) Incentive Payment Reform
 - Transparency and Reporting

Overview of Value Based Purchasing Strategy

Value-based purchasing means holding providers accountable for both the quality and cost of care, through:

- Increased transparency of cost and quality outcomes
- Reward for performance
- Payment reform

The Department has developed a three-pronged value-based purchasing strategy to achieve target savings and improved health outcomes.

1. Emergency Department Collaborative Care Management Initiative
2. Accountable Communities Initiative
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1. Emergency Department Collaborative Care Management Project



Emergency Department Collaborative Care Management Project Summary and Progress:

- “Boots on the ground” approach to provide team-based care management to MaineCare’s highest ED utilizers, identified in conjunction with hospitals.
- Based on successful pilot with MaineGeneral initiated in September, 2010, which achieved a 33% reduction in ED visits by MaineGeneral’s 35 highest ED users.
- The Department initiated contact with Maine’s 36 hospitals in June and met with all hospitals over the summer.
- As of last week,
 - 31 hospitals have determined their list of high utilizers.
 - 16 hospitals have begun case conferences.
 - 20 hospitals have case conferences scheduled for this month.

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2. Accountable Communities

The Accountable Communities Initiative can be summarized as:

- Alternative, risk-based contracts with qualified provider organizations that will align financial incentives for providers to work together to improve value and decrease avoidable costs.
- Tiered levels of risk-sharing agreements to enable participation by providers at varying levels of capacity.
- Based on an Accountable Care Organization (ACO) Model.

2. Accountable Communities: What is an ACO?

The definition of an ACO depends on who you ask...

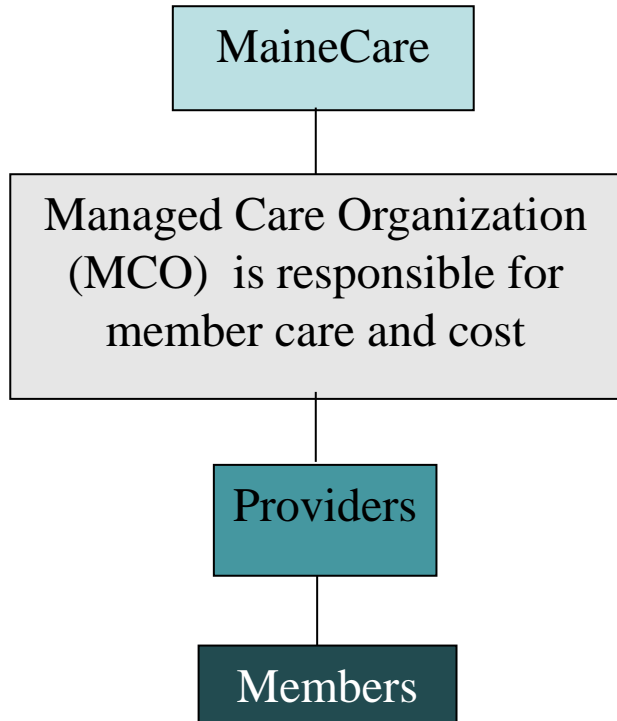
The Department is adopting the simple definition that an ACO is:

An entity responsible for population's health and health costs that is:

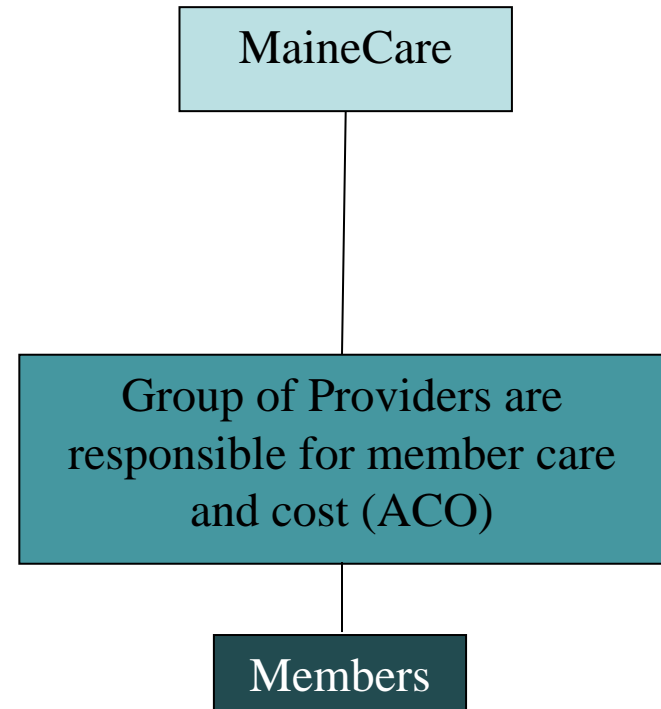
- Provider-owned and driven
- A structure with strong consumer component and local governance
- Includes shared accountability for both cost and quality

2. Accountable Communities: How is an ACO different from a MCO?

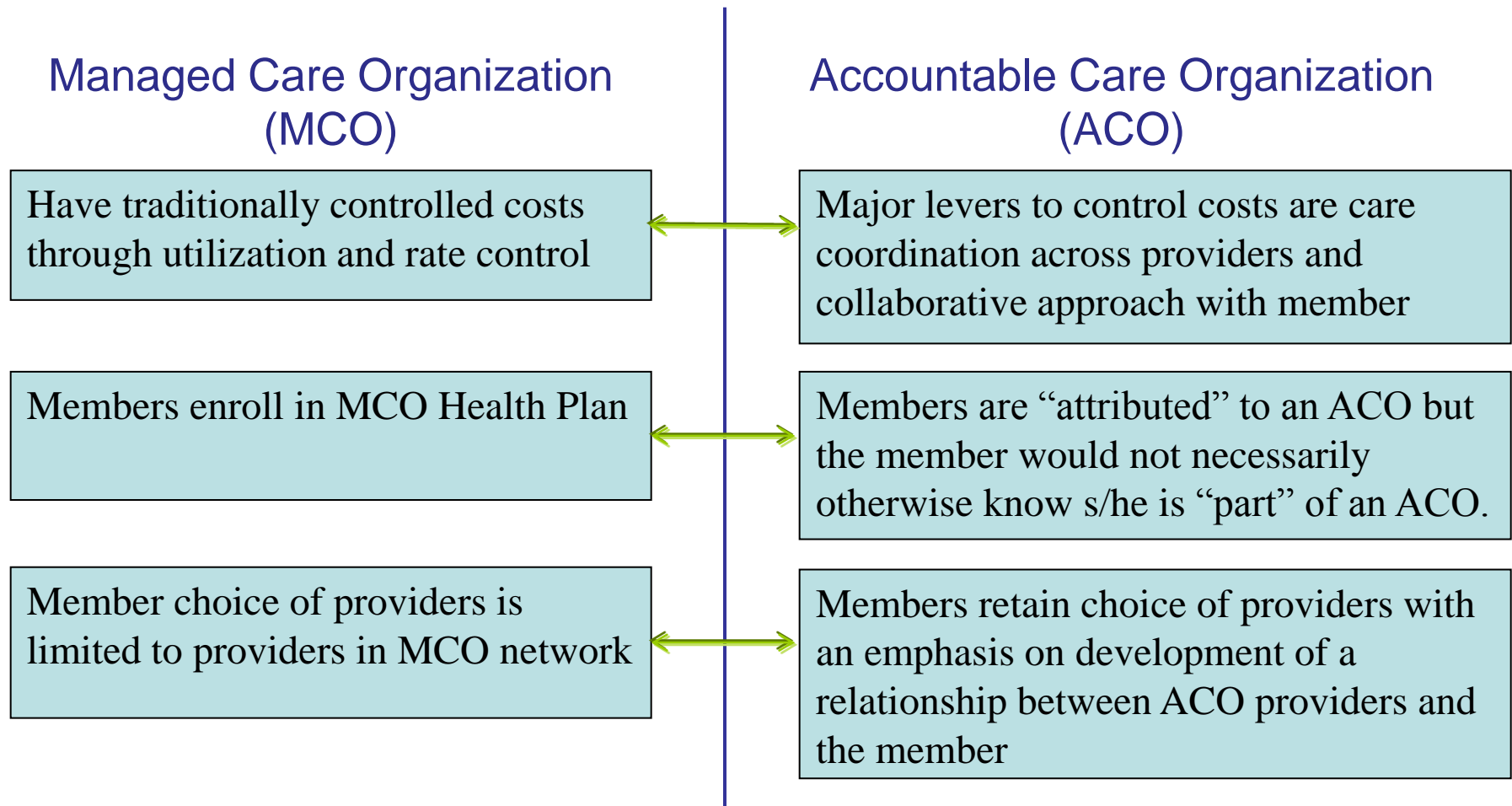
Managed Care Organization (MCO)



Accountable Care Organization (ACO)



2. Accountable Communities: How is an ACO different from Managed Care?

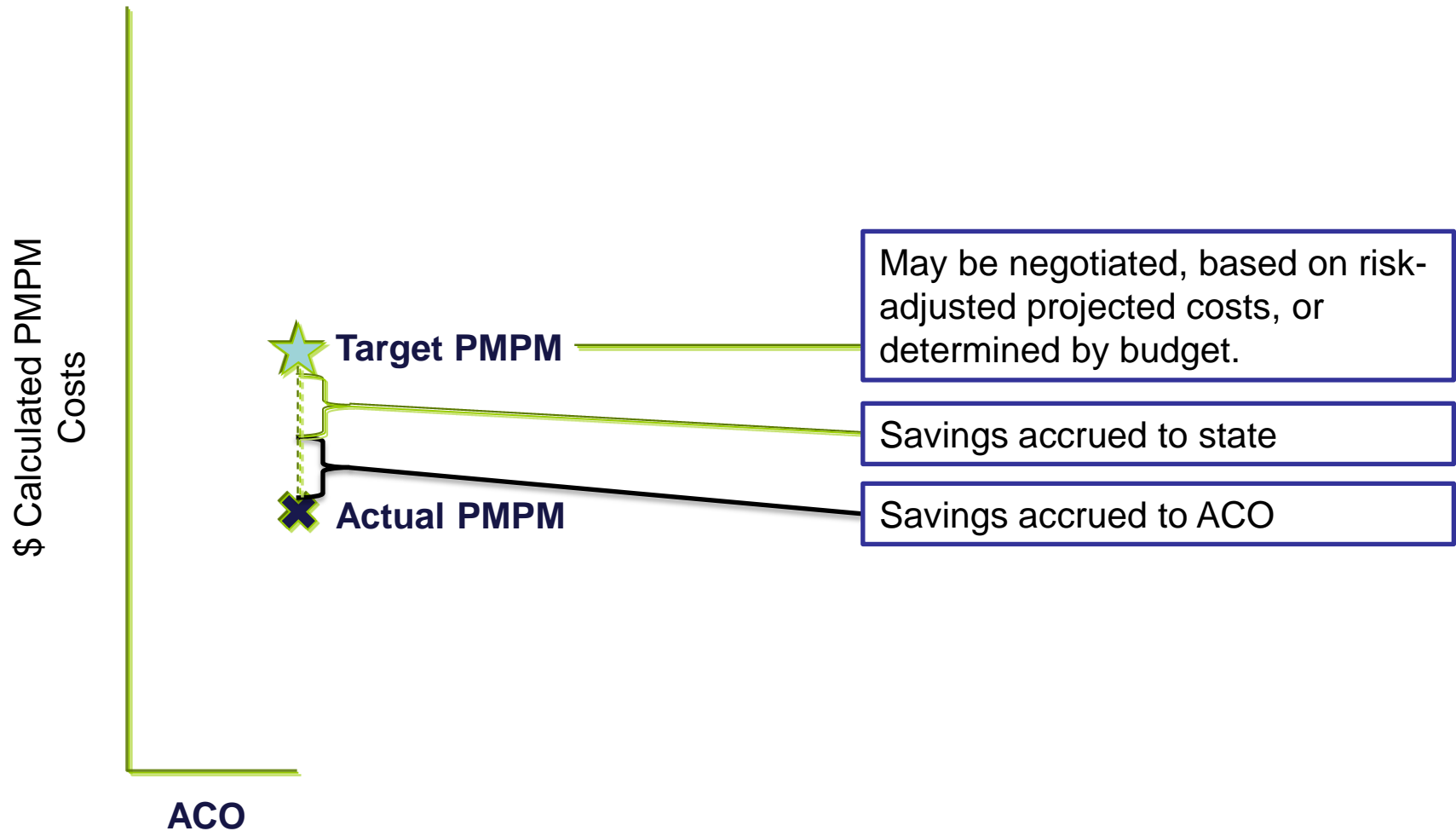


2. Accountable Communities: MaineCare's Basic Model Components

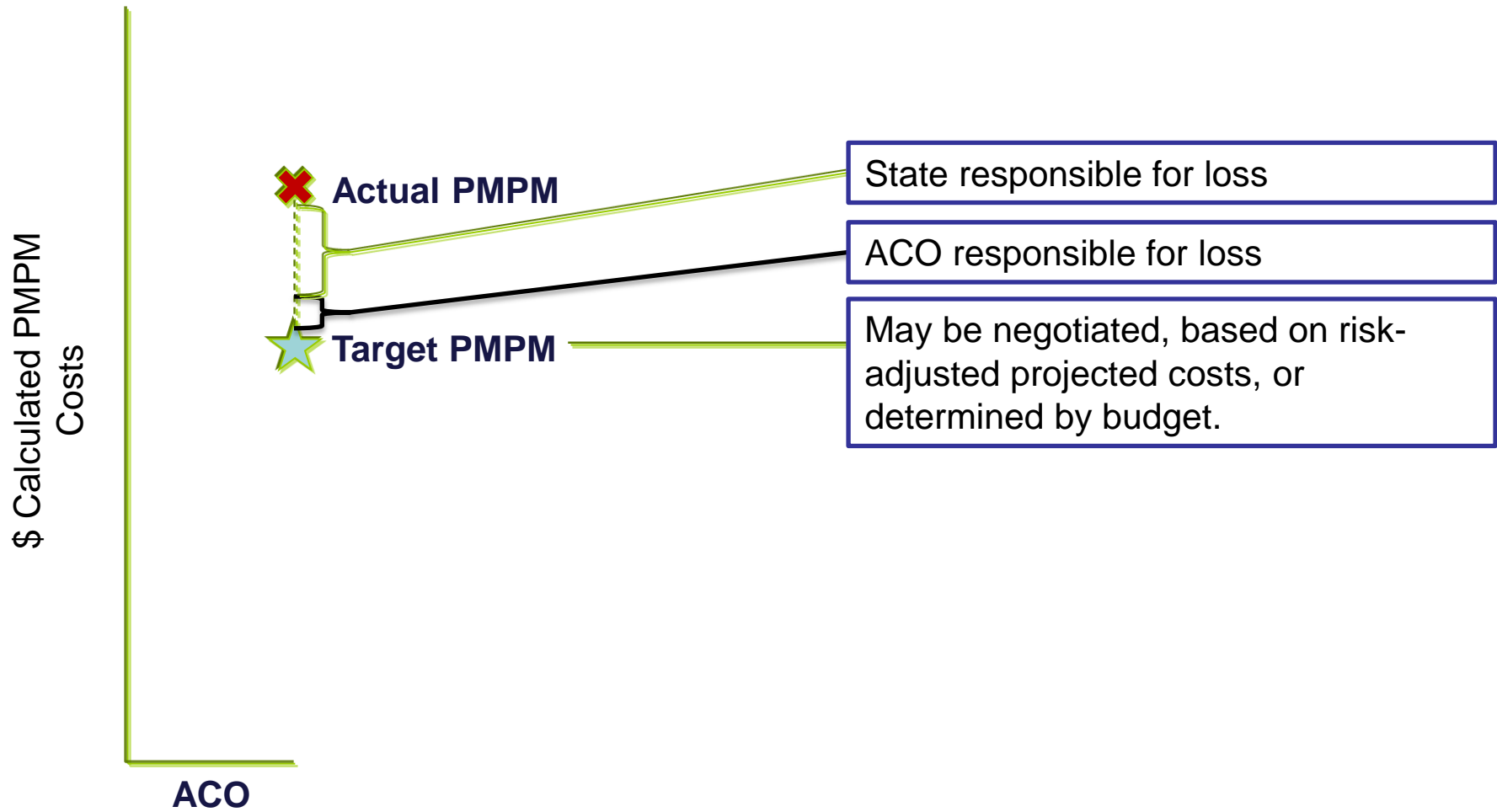


- Collaborative approach to design model
- Open to any willing and qualified providers statewide
 - Qualified providers will be determined through an RFP or application process
 - ACOs will not be limited by geographical area
- Members will retain choice of providers
- Shared savings approach with multiple “tiers” of risk (and reward) sharing
- Alignment with aspects of other emerging ACOs (commercial, Medicare Pioneer) in the state wherever feasible and appropriate
- Maximize flexibility of design to encourage competitive innovation
- Focus on integration of physical and behavioral health
- Requirement that Accountable Communities collaborate with other providers, hospitals, and social service organizations in the community.
- Strong interest in proposals to serve highest need populations

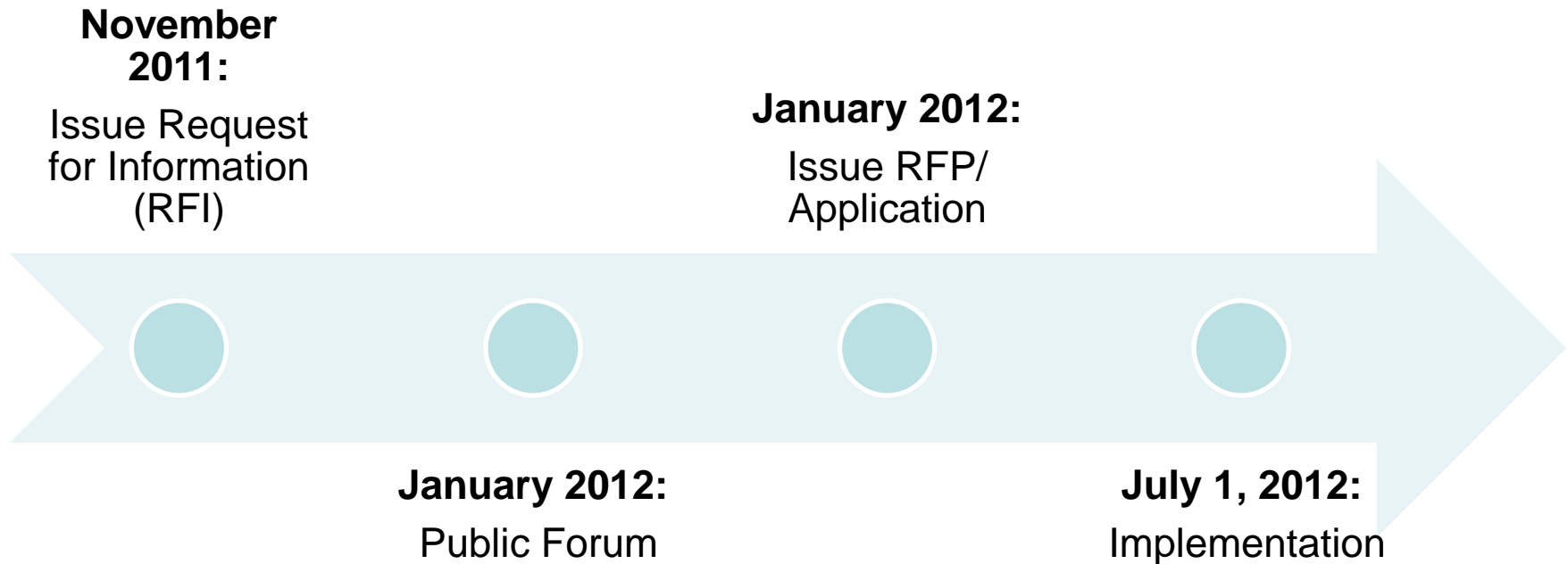
2. Accountable Communities: Shared Savings/ Shared Risk Approach



2. Accountable Communities: Shared Savings/ Shared Risk Approach



2. Accountable Communities: Timeline



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3. Leveraging Current Initiatives: Health Homes

Patient-Centered Medical Homes (PCMHs)

Maine has 26 practices engaged in a multi-payer PCMH Pilot.

PCMHs are primary care practices that:

- Care for members using a team approach to care coordination.
- Focus on a long term relationship between member and PCP.
- Have electronic medical records.
- Have open access scheduling and convenient hours.

Community Care Teams (CCTs)

- Are part of Medicare Multi-Payer Advance Primary Care Practice (MAPCP) grant and will be starting in January 2012.
- 8 Community Care Teams will work with 26 PCMHs to coordinate and connect the highest need patients to additional healthcare and community resources.

Health Homes

- PCMHs and the CCTs together enable MaineCare to better serve our highest need populations and qualify for the Affordable Care Act's "Health Home" State Plan option.
- CMS will provide a 90/10 match for Health Home services to members for eight quarters.

3. Leveraging Current Initiatives: Health Homes

Health Homes serve individuals with:

- Serious and persistent mental illness
- Two or more chronic conditions
- One chronic condition and that are at risk for another
- The State is also interested in partnering with other practices outside of the PCMH pilot that can provide the required Health Home services:
 - Comprehensive care management
 - Care coordination and health promotion
 - Comprehensive transitional care from inpatient to other settings
 - Individual and family support
 - Referral to community and social support services
 - Use of health information technology (HIT)

3. Leveraging Current Initiatives: Health Homes Timeline

The Department is currently exploring how the enhanced 90/10 match can enable the state to transform additional practices, beyond the 26 PCMHs, to Health Homes.



3. Leveraging Current Initiatives: Primary Care Provider Incentive Program



The Primary Care Provider Incentive Payment (PCPIP) program provides incentive payments to providers in order to:

- Increase provider access to MaineCare members
- Reduce unnecessary/inappropriate ED utilization
- Increase utilization of preventive/quality services

Providers are ranked according to three areas:

- 40% Access
- 30% Emergency Room use
- 30% Quality of care
 - 20% MaineCare measures
 - 10% Maine Health Management Coalition Pathways to Excellence measures

Providers ranking in the 20th percentile or above receive incentive payments.

From April 1, 2009 to March 31, 2010, 552 providers across 176 sites received a total of \$2.6 million (~\$4700 per practice) in payments.

3. Leveraging Current Initiatives: PCPIP Reform Ideas

The PCPIP was last modified in 2007.

While providers have made significant gains opening their doors to MaineCare members, the following concerns remain:

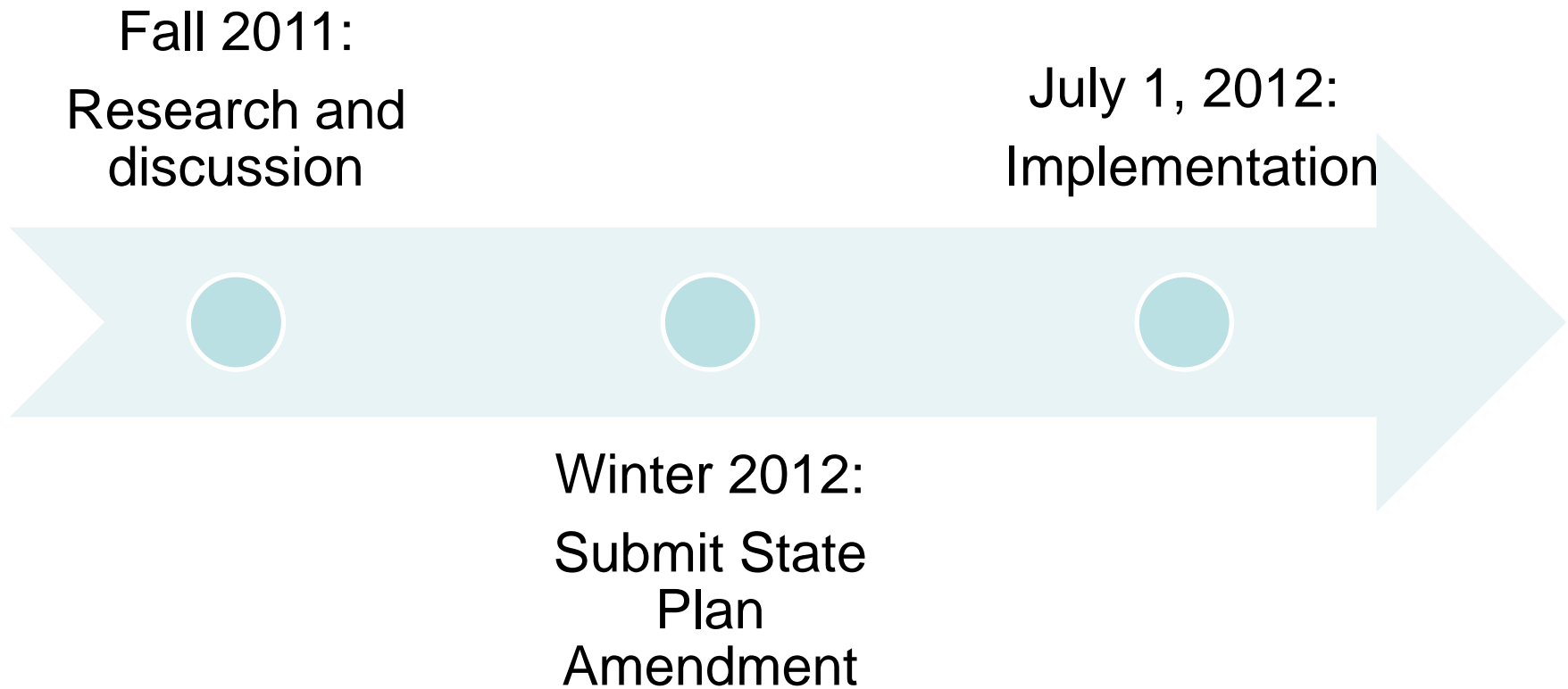
- Providers do not move much within the ranking order
- Maine's ED use is higher than the rest of the country
- MaineCare members are more likely to use the ED than non-MaineCare members
- There is significant variation in ED use across Hospital Service Areas

The Department is exploring ideas to improve the PCPIP program.

These include:

- Requiring either substantial or ranking at least above the mean (or higher)
 - Reducing the number of providers receiving payment to make them higher and more meaningful to those who qualify
- Shift emphasis from access (currently 40%) to other areas
- Stronger alignment of quality measures with Pathways to Excellence to capitalize on multi-payer effort

3. Leveraging Current Initiatives: PCPIP Reform Timeline



3. Improving Current Projects: Transparency & Reporting

MaineCare wants to improve the transparency of provider performance to the public and MaineCare members.

MaineCare plans to:

- Build off efforts by the Maine Health Management Coalition (Get Better Maine <http://getbettermaine.org/>) and the State Employee Health Commission)
- Highlight preferred providers for informational purposes
- Make information easily accessible on the Department and MaineCare websites

Fall/ Winter 2011:

Planning & Collaboration

Summer 2012:

Implementation